

# ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 20-JUL-2015		TIME 01:12:00		2. ADDRESS OF OCCURRENCE 3855 S ALBANY AVE CHICAGO, IL 60632			3. LOCATION CODE 092		4. BEAT/OCCUR 0911			
INVOLVED	5. POSITION 9161		6. LAST NAME CORONA		7. FIRST NAME RODRIGO J		8. STAR NO 7852		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F			
	10. RACE CODE S		11. AGE [REDACTED]		12. HT 505		13. WT 155					
	14. DATE OF APPT 01-MAY-2006		15. EMPLOYEE NO [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 009 0921R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No											
DNA	20. LAST NAME GODINEZ		21. FIRST NAME HERIBERTO		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH			
	25. D.O.B. [REDACTED]		26. HT 509		27. WT 220							
	28. ADDRESS [REDACTED]		29. TELEPHONE NO [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? CFD AMB 69		34. BY WHOM? CFD AMB 69		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid							
INFORMATION	36. CHARGES PLACED		37. CB NO. 12345678		IR NO		DNA					
38 DNA	SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLEO <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	
			STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>	
			OTHER _____		OTHER KICKED HIS FEET				OTHER _____		OTHER _____	
(Check all that apply)	MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>	
			VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____	
			ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>			
			WRISTLOCK <input checked="" type="checkbox"/>		CANINE <input type="checkbox"/>							
WEAPON DISCHARGE INCIDENT	ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER HELD HEAD AND FEET DOWN			
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		OTHER _____									
	CONTROL INSTRUMENT <input type="checkbox"/>		OC/CHEMICAL WEAPON W/ AUTHORIZATION <input type="checkbox"/>									
	OTHER _____											
39 DNA	OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION HELD HEAD AND FEET DOWN TO PREVENT INJURY									
	POSITION		STAR NO.		UNIT							
	41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS					
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE					
72 INFO.	49. TASER PART IO NO		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO			
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED			
	59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		63. DID MEMBER USE SIGHTS			
	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS		66. POSITION OF MEMBER DISCHARGING WEAPON		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON			
SIGNATURES	69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		70. EVENT NO. 1520100718		71. R.D. NO. HY123456							
	73. REPORTING MEMBER (Print Name) CORONA, RODRIGO J		STAR/EMPLOYEE NO. 7852		SIGNATURE [REDACTED]							
	74. REVIEWING SUPERVISOR (Print Name) CORLETT, MICHAEL T		STAR NO. 2312		SIGNATURE [REDACTED]		DATE REVIEWED 20-JUL-2015 07:22:18		TIME 10:06:21/4			
	75. REVIEWING SUPERVISOR (Print Name) CORLETT, MICHAEL T		STAR NO. 2312		SIGNATURE [REDACTED]		DATE REVIEWED 20-JUL-2015 07:22:18		TIME 10:06:21/4			

# LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ ONA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the officer acted properly and within Department Guidelines.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO 1076214 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

JEROME, DON J

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

20-JUL-2015 07:35:51

79. TOTAL TRR's THIS EVENT No

2